

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-029856

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 371 Primary Registration District No. 6259 Registrar's No. 16

STATE FILE NUMBER

FILED AUG 8 1962

1. PLACE OF DEATH

a. COUNTY

WEBSTER

b. CITY (If outside corporate limits, give TOWNSHIP only)

EAST BENTON

Length of stay in lb

7 MONTHS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

ROUTE 2

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

WEBSTER

c. CITY
OR
TOWN

FORDLAND

Inside Limits

Yes ☐ No ☒d. STREET
ADDRESS

(If outside, give location)

ROUTE 2

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

ARVID

Middle

HEMMING

Last

SAARI

4. DATE
OF
DEATH

Month

AUGUST

Day

1

Year

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6-28-1904

9. AGE (last birthday)

58

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MINER

10b. KIND OF BUSINESS OR INDUSTRY

COPPER MINING

11. BIRTHPLACE (City and state or country)

PHOENIX, MICHIGAN

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

JOHN SAARI

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

LULA SAARI

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES

WORLD WAR II

17. INFORMANT

Address

LULA SAARI FORDLAND, MISSOURI

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Circulatory Failure

INTERVAL BETWEEN ONSET AND DEATH

5 MIN.

DUE TO (b)

Coronary Thrombosis

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ to _____ and last saw her alive on _____

Death occurred at _____ 7:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Paul Edwards Coroner

22b. ADDRESS

Marshfield MO

22c. DATE SIGNED

8/2/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

8-5-1962

23c. NAME OF CEMETERY OR CREMATORY

FORDLAND CEMETERY

23d. LOCATION (City, town, or county)

FORDLAND, MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

Kelley Ferrell FORDLAND, MO

25. DATE RECD. BY LOCAL REG.

AUGUST 7-1962

26. REGISTRAR'S SIGNATURE

Opal M. Good

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 14 1962

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SECRET

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Life in Toluca

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Am 18. November 1949

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542. 38-501

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2

and the other 1000

[Handwritten signature]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer _____

Signed W. D. Terrell

Licensed Embalmer No. 4910

P. O. Address Togonville, Va

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.